		PENSE CLAIM				DEP	ARTMEN	г			PAGE(S)				
CHP 262 (Rev. 3-93) OPI 071					Reloca	ation [	Out of State BTH Agency						1 of 2		
CLAIMANT'S NAME					I.D. NUMBER		·					WORK TELEPHONE NUMBER			
Dale E. Bonner												23-5401			
POSITION					C8 / ID NUM E99		VISION OR BUR						LOCATION CODE		
Secretary RESIDENCE ADDRESS							Business, Transportation & Housing					Agency 699			
PERIOCAUDRESS						980 9th Street, Suite 2450									
CITY, STATI	E, AND ZIP (	CODE	CITY, STATE, AND ZIP CODE												
						s	acramento,	CA 9583						T	
1, MONTH/YEAR 3.		1	á.	5.	MEALS	O.T., L/T, N/C	6,	7.	TRANSPORTA		ATION  D. PRIVATE CAR USE		8.	9.	
April/20	TIME	LOCATIONS WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	RELO. O	R INCIDENTALS		TYPE	TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
	1130	Los Angeles to Sacramento				DURINGE	`	TRANS.	USED	PARRING				PORDAT	
5	1130	Sacramento to Los									<del>                                     </del>			<del>                                     </del>	
6	1500	Angeles						40.00	cab					40,00	
7		Costa Mesa	90.81	6,00	10.00	18,	00,6			5,00				135.81	
8		Costa Mesa		6.00	10.00		6.00							22.00	
12	1200	Los Angeles to Sacramento						38.00	cab					38,00	
13	1700	Sacramento to Los Angeles					•								
14	1400	Los Angeles to Sacramento							,	9.00				9,00	
15	1200	Sacramento to Los Angeles													
16	·	Los Angeles			10.00		6,00		•		<i>'</i>			16,00	
19		Los Angeles			10.00		6,00							16.00	
20		Los Angeles					6.00			11.25				17.25	
21	1000	Los Angeles to Sacramento							:						
25	0830	Sacramento to Los Angeles						41.00	cab					41.00	
27		Los Angeles													
10.	CL A	ING TOTAL			S	•									
11, PURPO		M TOTAL , REMARKS AND DETAILS (ATTA)								12. NORMAL WORK HOURS					
4/5 - end of trip that began 3/30 (SR125 and Metrolink meeting). 4/7 - California Transportation															
Commission meeting. 4/14 - Attend meeting with Governor and Chancellor Merkel. 4/15 - Meeting with											13. REGULAR DAYS OFF				
CHP Chief. 4/16 - Speak at Assemblyman Mike Davis' Breakfast Club; meeting regarding transit financing issues. 4/19 - meetings with Caltrans executive staff. 4/20 - Speak at Marvell/Avanta Launch.											14. PRIVATE VEHICLE LICENSE NUMBER				
4/27 - Speak at Milken Institute Global Conference. 5/4 - end of trip.												14. PRIVATE VEHICLE GGENGE NOMBER			
												AGE RATE C	LAIMED	······································	
											ACC	ACCOUNTING USE ONLY			
				<del></del>							j				
16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate? Certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as preachibed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.												PAID FOR BY REVOLVING CHECK NUMBER			
		0752, 0753, and 0754 pertain	ng to vehic	le safety an	_		GNATURE OF	FFICES APP	ROVING	ZRAVEL AN	D PAYMEN	IT.	DATE		
-F4[1]		T. 177 (**			13.10					A F U			5/13	10	
SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES											DATE				
ADMINISTRATIVE SERVICES											S OFF	CER			

STATE OF CALIFORNIA

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAVEL EXPENSE CLAIM DEPARTMENT PAGE(S) CHP 262 (Rev. 3-93) OPI 071 BTH Agency 2 of 2 Relocation Out of State CLAIMANT'S NAME I. D. NUMBER SOCIAL SECURITY NUMBER WORK TELEPHONE NUMBER (916) 323-5401 Dale E. Bonner CB / ID NUMBER DIVISION OR BUREAU LOCATION CODE POSITION Business, Transportation & Housing Agency HEADQUARTERS ADDRESS 699 Secretary E99 RESIDENCE ADDRESS 980 9th Street, Suite 2450 CITY, STATE, AND ZIP CODE CITY, STATE, AND ZIP CODE Sacramento, CA 95814 1. MONTH/YEAR MEALS TRANSPORTATION TOTAL EXPENSES FOR DAY O.T., L/T, N/C, RELO, OR DINNER D. PRIVATE CAR USE April/2010 LOCATIONS WHERE EXPENSES WERE INCURRED BUSINESS EXPENSE LODGING BREAKFAST LUNCH INCIDENTALS COST OF TRANS. TOLLS, PARKING TYPE USED MILES AMOUNT 2. DATE TIME Los Angeles to 1000 Sacramento 39.00 cab 39.00 **CLAIM TOTAL** 18.09 12.00 40.00 18.00 30.00 158.00 25,25 374.06

	CALIFORNIA																
		FORNIA HIGHWAY PATROL	DEPARTMENT				г	PAGE(S)									
TRAVEL EXPENSE CLAIM CHP 262 (Rev. 3-93) OPI 071						☐ Relocation		Out of State BTH Agency					I of I				
CLAIMANT'S NAME						I, D, NUMBER							WORK TELEPHONE NUMBER				
Dale E.	7891763660				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(916) 32										
POSITION		CB / ID NUM	WBER	DIVIS	SION OR BUR	EAU		LOCATION			CODE						
Secretary							Bus	siness, Tr	ansportat	tion &	Agenc	у	699	9 .			
RESIDENCE		•	HEA	DQUARTERS	ADDRESS												
	EXPRESS	<b>1</b>			980 9th Street, Suite 2450												
CITY, STAT	E. AND ZIP C	ODE					1										
1. MONTH/YEAR 3. 4. 5.							Sac	ramento,	CA 9581		RANSPORTA	TION:		8.	8.		
April/2010		3.	4.	5.	MEALS	0.1. L	JT, N/C,	Α.		C.	D. PRIVATE CAR USE		J	TOTAL			
2. DATE	TIME	LOCATIONS WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	RELO	D. OR NER	INCIDENTALS	COST OF TRANS.	TYPE USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	EXPENSES FOR DAY		
19		Los Angeles									5,80				5.80		
														·			
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10.	CLAI	M TOTAL									5,80				5,80		
11. PURPO	SE OF TRIP.	REMARKS AND DETAILS (ATTA	CH RECEIP	S / VOUCHE	RS WHEN R	EQUIR	ED)					12. NORMAL WORK HOURS					
April 19	- Lunch	meeting with Caltrans	Director	McKim.								13, REGI	13, REGULAR DAYS OFF				
												14. PRIVATE VEHICLE LICENSE NUMBER					
	-											15. MILE	15. MILEAGE RATE CLAIMED				
										- سر		ACCOUNTING USE ONLY					
service of a	the State of a the vehicl	IFY that the above is a true st California. If a privately-own e was equal to or greater than	ed vehicle u n the rate c	vas usad, at laimed, and	nd if mileag: that I have	e rale: met th	s exce se red	eed the minii	mum raioe i	COMITY I	nat gne cosi	1	OR BY REVO	LVING CHEC	K NUMBER		
Section 750, 0751, 0752, 0763, and 0754 pertaining to vehicle safety and seat belt usage.  CLAMANY/S \$IGNATURE (byg-ink, nly)  DATE  7 / 2 / 0  SIGNATURE OF OFFICER APPROVING THAVEL AN											D PAYMEN	١T	DATE	110			
SIGNATÜRE	AND TITLE	OF AUTHORITY-FOR SPECIAL E	EXPENSES			<u>``</u> ير		ADMIN	IQTD አግ	TVE 0	EBVICT	S OFFI	CER	DATE	·/··		
					Destro	V Pre	Viol 15	Editions	INT ICA	1452	LI VICE	OFF)		<u> </u>	c262_c06.pdf		
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